SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) 10/019301 CLAIMS AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. DEP. IND. DEP. IND. DEP. IND. DEP. IND DEP. :3 !4 :5 <u>}6</u> !7 :8 :9 9 0 1 2 3 1 5 6 7 8 9 AL TOTAL TOTAL DEP. TOTAL CLAIMS -1360 (3-78) *MAY BE JED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT of COMMERCE